Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET						
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
MEASURING ABSOLUTE STATIC PRESSURE AT ONE OR MORE POSITIONS ALONG A MICROFLUIDIC DEVICE													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment													
referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PC and have also identified below:	T international ap any foreign applic	plication(s) whic ations(s) for pate	h designa ent or inv	ates at least one country of tentor's certificate or any	ther than the	United S	States of Ame	rica, liste	d below				
and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY (if PCT, indicate PCT)		PPLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED L	JNDER 35 USC §	119				
			· · ·	(monta cayyear)			YES		NO				
							YES		NO				
							YE\$		NO				
I hereby claim the benefit under	Title 35, United St	ates Code, 119 §	(e) of an	y United States provision	al application(s) listed	below:						
PRIOR PROVISIONAL APPL							,						
PROVISIONAL APPLICATION NUMBER				FILING DATE (month/day/year)									

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I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS (35USC§120:	OR PCT INTERN	ATIONAL APP	LICATIO	ONS DESIGNATING TI	HE U.S FOR	BENEF	IT UNDER						
	U.S. APPL	ICATIONS			STATUS (Check one)								
U.S. APPLICATION NUM	U.S. FILING DATE			PATENTE	D	PENDING	ABAN	IDONED					
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C	Combin d Declaration F r Patent Application and P w r f Att rney (Continued) ATTORNEY DOCKE 83813RLO									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.										
S nd Correspondence to: Direct Telephone Calls to: (name and telephone number)										
		Eastma 343 Sta	te Street	Company	Raymond L. Owens 585-477-4653 FAX: 585-477-4646					
2	FULL NAME OF INVENTOR	FAMILY NAME DeBar		FIRST GIVEN NAME Michael	SECOND GIVEN NAME J.					
0	RESIDENCE & CITIZENSHIP	CITY Rochester		STATE OR FOREIGN COUNTRY New York 14612 USA	COUNTRY OF CITIZENSHIP					
1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		CITY 343 State Street, Rocheste	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME Yang		FIRST GIVEN NAME Zhihao	SECOND GIVEN NAME					
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2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		CITY 343 State Street, Rocheste	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
SIGNATURE OF INVENTOR 2017			SIGNATURE	OF INVENTOR 202	SIGNATURE OF INVENTOR 203					
Mafly full			DATE	hi y						
7/31/03			DATE	1,103	DATE					
SIGNATURE OF INVENTOR 204			SIGNATURE	OF INVENTOR 205	SIGNATURE OF INVENTOR 206					

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